Name In Full #5600 Wm F. Ackler

Certificate of Death

Died at Town Pikesville County Baltimore MARYLAND

Date 1899 Month Oct Day 8 | Age Y. 64 M. D. | Native of Md | Occupation old Soldier

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of

Father's Name Wm F. Ackler Mother's Name

Cause of Death: Primary Cancer 25 | How long sick 15 mo.

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Edwin E. Jones M.D.

Address Arlington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate

am _____

of _____

Name in Full

#5639 House Adams

Certificate of Death

Died at Town: Bay View County: Hospital MARYLAND

Date 189 9 Month: 10 Day: 15

Age Y. 73 M. D.

Native of Balto.

Occupation Farmer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ Number ~~of children living~~

Husband of

Wife

Father's Name

Mother's Name 73

Cause of Death: Primary Pleurisy. Acute

Immediate Diarrhoea

How long sick 12 days

Accident, Suicide, Homicide

Reported by Dr Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full # 5586 admitted Sept 22/99 Certificate of Death

Henry Albaugh

Died at Bay View Town Hosp County Balto MARYLAND

Date 189 9 Month 10 Day 4 | Age Y. 80 M. D. | Native of Ger | Occupation Shoemaker

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife Don Chas A 823 Hillen St

Father's Name Mother's Name

Cause of Death { Primary Paralysis 44 / Immediate Asthenia } How long sick 12 days

Accident, Suicide, Homicide

Reported by H. G. Simpers.

Address

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Born. Germany 80 yrs.
Baltod 10 "

Name in Full

Certificate of Death

Celeste Almony

Town

County

Died at Maryland Line, Baltimore.

MARYLAND

Date 1899	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	Oct	28		38	5	18	Md	Housewife

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living 5

Husband of Wife James F. Almony. 121

Father's Name Vincent Standiford

Mother's Name Charity Gosnell.

Cause of Death

Primary Labor malpresentation

How long sick 2 days

Immediate Puerperal eclampsia with Post partum Haemorrhage

~~Accident, Suicide, Homicide~~

Reported by E. W. Leyde M.D.

W. M. Stirling M. D. Consult.

Address Parkston

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. [illegible]

LIBRARY BUREAU. 79888

Name In Full — Certificate of Death

Harvey Earl Arnold

Town — County

Died at 1400 Fifth St. Baltimore MARYLAND

Date 189 9 — Month / Day: Oct. 6th — Age: Y. 1 M. 1 D. — Native of: Md. — Occupation: none

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — Divorced — / Number of children living

Husband / Wife of

Father's Name: Moses E. Arnold — Mother's Name: Lola K. Arnold

Cause of Death — Primary: Marasmus 99a — How long sick: 16 days

Immediate: " — Accident, Suicide, Homicide

Reported by D M Smith

Address 206 - 3rd Ave Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. D. H. Smith

of 206 - 3rd Ave. Balto

Seen by Coroner

of

Information contained in this certificate received

from the above named Doctor

of

Name in Full Andrew Aska,

Certificate of Death

Died at Town Stebbville, County Balto MARYLAND

Date 1899 Month Oct Day 27th | Age Y. 4 M. 3 D. | Native of America | Occupation None,

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Andrew Aska

Mother's Name Aska,

Cause of Death: Primary Diphtheria, 8a

Immediate

How long sick 3 days,

~~Accident, Suicide, Homicide~~

Reported by Dr George F Eurhart,

Address Dickeyville, Balto Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Nicholas Badders,

Died at — Town: Phoenix — County: Balto. — MARYLAND

Date 189 — Month: Oct. — Day — Age: Y. 70 M. D. — Native of — Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband / Wife of

Father's Name: Wm. Badders (10th dist) — Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Towson Junior

Address — Oct. 14/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full #5661 William N. Beitzel.

Certificate of Death

Died at Town Mt Washington. County Baltimore. MARYLAND

Date 1899 Month Oct. Day 7th. | Age Y. 0. M. 2. D. 28 | Native of Balto City Md. | Occupation ——

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife ——

137

Father's Name Colvin L Beitzel

Mother's Name Mary L. Beitzel

Cause of Death: Primary — to close. How long sick suddenly

Immediate Failure of the Foramen Ovale ~~Accident, Suicide,~~ Homicide

Reported by William J. Todd M.D. (p. m)

Address Mt Washington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Vada E. Bloom

Diod at Town: Lt Washington County: Balto MARYLAND

Date 1899 Month: Octo Day: 9 | Age Y. 17 M. 9 D. 9 | Native of Balto Co. | Occupation operation in Mde

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 5

Husband of Wife

Father's Name Isaac Bloom | Mother's Name Mrs. Bloom

Cause of Death: Primary Typhoid Fever | How long sick 10 days

Immediate Hemorrhage from Bowels | Accident, Suicide, Homicide

Reported by Dr J. S. Bowers

Address Lt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full | Certificate of Death

Mildred Cecelia Bostwick

Died at ~~Town~~ #116 Potter Ave. ~~County~~ MARYLAND

Date 189 | Month Oct. | Day 22nd | Age Y. M. D. 8 – 1 | Native of Balto. Md | Occupation none

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | Divorced ~~Number of children living~~

Husband of Wife 71

Father's Name Geo. G. Bostwick | Mother's Name Fannie E. Bostwick

Cause of Death | Primary Catarrhal Pneumonia | How long sick 3 days

Immediate Laryngeal Diphtheria | Accident, Suicide, Homicide

Reported by Dr. A. Shelly

Address 3426 Chemnut Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Attended by Dr. F. Shelley

of 2426 Chestnut Ave

Seen by Coroner

of

Information contained in this certificate received

from above mentioned Doctor

of

Name in Full: William Brent

Certificate of Death

Died at: Town: Freelands; County: Baltimore; MARYLAND

Date 1899: Month: Oct. Day: 24

Age: Y. 61 M. 8 D. 8

Native of: Maryland

Occupation: Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living: 2

~~Husband~~ ~~Wife~~ of

Father's Name: Christopher Brent

Mother's Name: Caroline Reed

Cause of Death:
- Primary: Paralysis. Right Hemiplegia — How long sick: 2 mos + six days
- Immediate: Coma 42 — ~~Accident, Suicide, Homicide~~

Reported by: Joseph S. Baldwin

Address: Eklo. Balto. County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full ✱ 5583 admitted 9/29/99 Certificate of Death

Joshua Broadon

Died at Town Bay View County Hosp - Highland Town MARYLAND

Date 1899 Month Oct Day 1 | Age Y. 6 M. 3 D. | Native of Md | Occupation Herb gatherer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife Balto 40 yrs -

Father's Name Mother's Name Protestant

Cause of Death { Primary Nephritis C.I. 97 | How long sick

Immediate Asthaenia | Accident, Suicide, Homicide

Reported by

Address H. Dimpers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Claim sister
Eveline Broeden
Laurel Md

Name In Full Edward Brooks — Certificate of Death

Died at Town: Arlington — County: Baltimore — MARYLAND

Date 189 Month: 10 Day: 13 | Age Y.: 3 M.: 8 D.: 2 | Native of: Maryland | Occupation: —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living: ~~—~~

Husband / Wife of —

Father's Name: Peter Brooks — Mother's Name: Augusta Brooks

Cause of Death — Primary: Diphtheria 8a — How long sick: 3 days

Immediate: " — ~~Accident, Suicide, Homicide~~

Reported by: R. T. Hankey M.D.

Address: Arlington Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76895

Name in Full | Certificate of Death

Caroline Brown

Died at Town: Towson County: Baltimore MARYLAND

Date 1899 Month: October Day: 24th Age Y.: 63 M. D. Native of: Maryland Occupation: Domestic

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living: Four

~~Husband~~ Wife of Thomas Brown

Father's Name | Mother's Name

Cause of Death: Primary Cancer 25 | How long sick: Three years

Immediate " | Accident, Suicide, Homicide

Reported by Dr J. H. Jarrett & Benj Hicks

Address Towson Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU

Attended by Dr. I. H. Jarrett

of Lowan

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full #5628

Joseph Henry Brummel

Certificate of Death

Died at ~~Town~~ Frederick R'd County Balto Co MARYLAND

Date 189 9 Month Oct Day 16 | Age Y. 22 M. – D. – | Native of America | Occupation florist

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of ———— 15-2a

Wife

Father's Name Joseph H. Brummel Mother's Name Amelia Brummel

Cause of Death: Primary Accidental Blow on right temporal region by bad ball — How long sick 9 Hours

Immediate Cerebral hemorrhage — Accident, ~~Suicide, Homicide~~

Reported by Mrs Jno F. Cook funeral Director

Address 1023 N Balto St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Lewis H. Gundry

of Irvington Bal. Co. Ind

Seen by Coroner Justice Brooks.

of Balto Co Ind.

Information contained in this certificate received

from

of

Name In Full

Certificate of Death

Sarah Jane Bull

Died at Town: Wiseburg County: Balt MARYLAND

Date 189 9 Month: Oct Day:

Age Y. 24 M. D.

Native of Md

Occupation Domestic

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living

Husband of

Wife

Father's Name Eli J. Bull

Mother's Name Lena Bull

Cause of Death: Primary: Consumption cr — How long sick: 6 months

Immediate: Phthisis Pulmonalis — Accident, Suicide, Homicide

Reported by W. R. Norris M.D.

Address Parkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: William Thomas Burgess

Certificate of Death

Died at — Town: Catonsville — County: Balto — MARYLAND

Date 189[illegible] — Month: Oct — Day: 4 — Age: Y. 27 M. 4 D. 18 — Native of: Md — Occupation: Laborer

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — Divorced / Number of children living

Husband / Wife of

Father's Name: Austin Burgess — Mother's Name: Mary Hannah Burgess

Cause of Death — Primary: Gun Shot Wound — 145a — How long sick: 4 days

Immediate: Peritonitis — Accident, Suicide, Homicide

Reported by: Dr C. L. Waldfeldt

Address: Catonsville Md

Must be signed by physician, if any in attendance, ntherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

#5631 Ernest. Carpenter

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 10 Day 13 | Age Y. 2 M. 8 D. | Native of England | Occupation Clerk

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name 72

Cause of Death: Primary Bilateral Pneumonia | How long sick 2 days

Immediate Pulmonary Oedema | Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Born England - 28
U S 3
Balto 3

Name In Full

Certificate of Death

Robert E. Carter

Died at Town Canton County Balto. MARYLAND

Date 1899 Month Oct. Day 2 | Age Y. 15 M. D. | Native of Md | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John Carter

Mother's Name Kate Carter

Cause of Death { Primary / Immediate Drowned 148

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Towson Democrat.

Address Oct. 7/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Isaiah Chase

Died at Town Hillsville County Baltimore MARYLAND

Date 1899 Month 10 Day 23 | Age Y. 56 M. D. | Native of Balto | Occupation Laborer

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children~~ living

Husband ~~Wife~~ of Gertrude Chase

Father's Name Henry Chase

Mother's Name Jane Chase

Cause of Death { Primary apoplexy 42 | How long sick one hour

Immediate | ~~Accident, Suicide, Homicide~~

Reported by T B Hall

Address Mt Miriam

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full #5676

Certificate of Death

Pernally N. Clark

Died at Town: Bay View Asylum (Insane Dept.) County: Baltimore County — MARYLAND

Date 1899 Month: October Day: 27th | Age Y. 65 M. — D. — | Native of Maryland | Occupation Unknown

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow Widower ~~Divorced~~ | Number of children living

Husband of Wife

Father's Name

Mother's Name 5-7

Cause of Death: Primary — Coronary artery disease — How long sick: Lost, a few hours

Immediate

Accident, Suicide, Homicide

Reported by R. A. Urquhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Md.
Res. in Balto. "Unknown".
"B. V. A." (Insane Dept) since 8/13. '98.

Name in Full #5575

Laura M. Cloud-

Certificate of Death

Died at Town: Mt Hope Retreat County: Baltimore Co MARYLAND

Date 189[illegible] Month: Oct Day: 1st | Age Y. 73 M. - D. - | Native of Baltimore | Occupation None

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~

Husband of Wife

Father's Name

Mother's Name 46

Cause of Death: Primary Mania Senile — How long sick 2 yrs.

Immediate Senility & Cardiac Exhaustion — Accident, Suicide, Homicide

Reported by Frank J. Flannery-

Address Mt Hope Retreat.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Residence, Baltimore, Md

Name in Full: Daniel Cooper

Certificate of Death

Died at — Town: Bengies — County: Balto — MARYLAND

Date 1899 — Month: Oct — Day: 17 — Age: Y. 2 M. 6 D. — Native of: Md — Occupation: Chief

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — Number ~~of children~~ living

Husband of Wife: —

Father's Name: Bradford Cooper — Mother's Name: Mary Lizzie Cooper

Cause of Death — Primary: Diphtheria 8a — How long sick: 4 days

Immediate: — ~~Accident, Suicide, Homicide~~

Reported by: John W Harrison — Md

Address: Middle Rivers Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mary Craig (col)

Died at Blythewood County Baltimore MARYLAND

Date 189 9 Month 10. Day 26 Age Y. 20 M. - D. - Native of Md Occupation Housegirl

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Deceased~~ ~~Number of children living~~

Husband of —
Wife

Father's Name Noah Craig

Mother's Name Wickey Craig

Cause of Death: Primary Pneumonia 72 — How long sick Sept 23

Immediate Exhaustion

~~Accident Suicide Homicide~~

Reported by L. Gibbons Smart MD

Address 414 Fryer Ave Roland Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name In Full #5605 Certificate of Death

James W. Cross

Died at Town: Pikesville County: Baltimore MARYLAND

Date 189 Month: Oct Day: 10 | Age Y. 90 M. D. | Native of Penn | Occupation —

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 1

Husband of / Wife —

Father's Name —

Mother's Name —

Cause of Death — Primary: Hernia 86 — How long sick: 1 year

Immediate: Old age — Accident, Suicide, Homicide

Reported by Dr. Fenwick Robertson

Address Pikesville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr._____

of_____

Seen by Coro_____

of_____

Information contained in this certificate re-

ceived from_____

of_____

Name in Full Wm. A. Deam. Certificate of Death

Town County Balto

Died at MARYLAND

Date 189 9 Month Oct Day 17 | Y. M. D. Age 28 | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | Widow / Widower | ~~Divorced~~ / Number of children living

Husband of
Wife

Father's Name Wm. A Deam Mother's Name

Cause of Death: Primary 22a | How long sick

Immediate Pulmonary troubles | ~~Accident, Suicide, Homicide~~

Reported by Md. Journal Oct 21/99

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Town — County

Died at MARYLAND

Date 189 | Month | Day | Age Y. M. D. | Native of | Occupation

~~Male~~ / Female | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary | Immediate } | How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Edna B. Ebesole

Died at Mt. Washington (Town) Balto (County) MARYLAND

Date 1899 Month Aug. Day 8 | Age Y. 1 M. 3 D. 5 | Native of Md. | Occupation nursing

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 2

Husband of George W. Ebesole

Wife Ella B. Ebesole

Father's Name | Mother's Name

Cause of Death: Primary — 86 | How long sick

Immediate Membranous Croup | Accident, Suicide, Homicide

Reported by Dr J. S. Bowen

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full — Certificate of Death

Jane Edwards

Died at — Town: Sunny Brook — County: Baltimore — MARYLAND

Date 1899 — Month: Oct. — Day: 13 — Age: Y. 56 M. D. — Native of: Maryland — Occupation: housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ ~~Wife~~ of John Edwards 5/6

Father's Name: George Hall — Mother's Name: Polly Hall

Cause of Death — Primary: acute articular rheumatism — How long sick: one week

Immediate: pericarditis — ~~Accident, Suicide, Homicide~~

Reported by: R. Percy Smith, M.D.

Address: Sunny Brook, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full

Certificate of Death

Louise Emmett

Town County

Died at 523 O'Donnell St. Bath. MARYLAND

Date 189 9 Month Car. Day 26 | Aga Y. 2 M. 6 D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Burned 146 a

Immediate Shock

How long sick 1 day

Accident, Suicide, Homicide

Reported by C. M. Lichtig, M.D.

Address 2 Hudson St. [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5619 Certificate of Death

Conrad Ernst.

Died at Town Bay View County Hospital MARYLAND

Date 189 9 Month 10 Day 13 | Age Y. 6 M. 3 D. | Native of Germany | Occupation Tailor

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number ~~of children living~~

Husband of Wife

Father's Name

Mother's Name 256

Cause of Death { Primary Carcinoma of Stomach | How long sick

immediate Inanition | Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native Germany
in Berlin. 38 yrs.

Name in Full — Certificate of Death

Aaron Evans

Died at Town: Catonsville County: Baltimore MARYLAND

Date 189 9 Month: Oct Day: 11 | Age Y. 62 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widowed~~ Widower | ~~Divorced~~ | Number of children living X

Husband of X

Wife

Father's Name X

Mother's Name X 46

Cause of Death — Primary: Senile Dementia; Immediate: Cerebral Effusion | How long sick 1 week | ~~Accident, Suicide, Homicide~~

Reported by Dr Wade

Address Catonsville Md Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

James F. Fisher

Died at 1313 Wirt Street - Baltimore (Town / County) MARYLAND

Date 1899 Month Oct. Day 22nd | Age M. 3 D. 11 | Native of Maryland | Occupation none

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name James M. Fisher

Mother's Name Margt. C. Fisher

Cause of Death: Primary Entero Coletis 82

Immediate

How long sick 3 weeks

~~Accident, Suicide, Homicide~~

Reported by Dr W. M. Pearce

Address 1238 Greenmount Ave. Balto.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. W. M. Pearce

of 1238 Greenmount Ave

Seen by Coroner ——

of ——

Information contained in this certificate received

from above mention Dr & Parents

of child

Name In Full Christian Fleury

Certificate of Death

Died at Town Canton County Baltimore MARYLAND

Date 1899 Month 10 Day 4 | Age Y. 26 M. D. | Native of Md | Occupation Blacksmith

~~Male~~ ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living —

Husband of
Wife

Father's Name George Fleury Sr | Mother's Name Mary Fleury

Cause of Death: Primary Urinary Calculous. | How long sick

Immediate Exhaustion after Operation. | ~~Accident, Suicide, Homicide~~

Reported by Dr. J. H. Gardner

Address 1616 W. Fayette St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79798

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Almyra Forbes

Certificate of Death

Died at Washington Road Town County Balto MARYLAND

Date 1899 Month 10 Day 29 | Age Y. 21 M. 5 D. 21 | Native of Md | Occupation X

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ ~~Number~~ of children living 3

Husband of
Wife

Father's Name Joseph Queen Mother's Name Mary E. Queen

Cause of Death: Primary 57 How long sick 2 hours

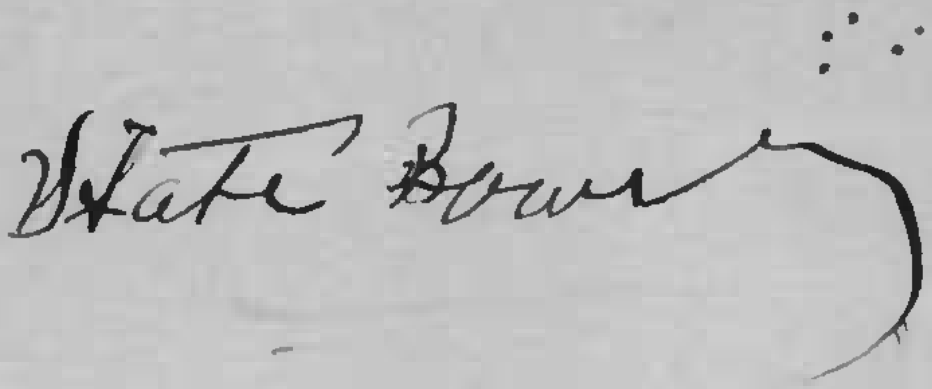
Immediate Heart Disease Accident, ~~Suicide~~, ~~Homicide~~

Reported by T B Hall

Address Mt Winans [redacted] and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79999



Name In Full — Certificate of Death

William Foster

Died at — Town: Beresford — County: Baltimore — MARYLAND

Date 189 — Month: 9 — Day: 10 — 3

Age — Y. 79 M. D. 24

Native of: Md

Occupation: Carpenter

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced

Number of children living: 6

Husband / Wife of: Lydia Foster

Father's Name: Solomon Foster

Mother's Name: Mary Foster

Cause of Death — Primary: Typho-malarial Fever — How long sick: 4 weeks

Immediate:

Accident, Suicide, Homicide

Reported by: A. K. Mitchell

Address: Beresford, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5663 Certificate of Death

Anna Frong

Died at Town Washington Road County Balto MARYLAND

Date 189 9 Month 10 Day 24 | Age Y. 36 M. D. | Native of Germany | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Wife John Frong

Father's Name

Mother's Name Anna M Illing

Cause of Death { Primary Premature Labor | How long sick

Immediate Uranium 121 | Accident, Suicide, Homicide

Reported by T B Hall

Address Wm Williams

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full #5637 Certificate of Death

Annie M. Geisking

Died at Town Highlandtown County Balto MARYLAND

Date 1899 Month 10. Day 17th Age Y. 31 M. 1 D. — Native of Md. Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife Henry Geisking

Father's Name — Mother's Name —

Cause of Death Primary Child. Birth 119a How long sick 12 days

Immediate Septicaemia ~~Accident, Suicide, Homicide~~

Reported by J C Schofield. MD

Address 1114 1st Highlandtown Balto Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70708

Name in Full Charles Gilmor

Certificate of Death

Died at Town Sparks Station County Balto. MARYLAND

Date 189 7 Month Oct. Day 3rd | Age Y. 64 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of Wife 97

Father's Name Robert Gilmor

Mother's Name Ellen Gilmor

Cause of Death: Primary Nephritis & arteriosclerosis | How long sick 2 weeks

Immediate Heart failure | Accident, Suicide, Homicide

Reported by Henry M. Hurd, M.D.

Address Hanover Hopkins Sts.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full 5579 David Glanding

Certificate of Death

Town: Owings Mills. County: Balto

Died at MARYLAND

Date 189 9 Month: Oct Day: 2 | Age Y. 74 M. D. | Native of Maryland | Occupation Clerk

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

Husband of Mary E. Glanding
Wife

Father's Name

Mother's Name

Cause of Death: Primary Paralysis 44 — How long sick 3 mons & 2 W.

Immediate "

Accident, Suicide, Homicide

Reported by Geo. J. Smith

Address 944 W Fayette Baltimore. city

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. W. H. H. Campbell

of Owings Mills. Balto Co

Seen by Coroner

of

Information contained in this certificate received

from Mr Edward Lilly

of Owings Mills. Balto Co

Name in Full 5652 Sophie Golbeck

Certificate of Death

Died at Town Canton County Baltimore MARYLAND

Date 1899 Month 10 Day 20 | Age Y. — M. 10 D. — | Netive of Md | Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Henry F. Goldbeck

Mother's Name Elizabeth Goldbeck

Cause of Death
- Primary Gastro Intestinal Catarrh
- Immediate Asthma 82

How long sick four weeks

~~Accident, Suicide, Homicide~~

Reported by J. G. Moyer M.D.

Address 1119 E. Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

William Henry Gosnell

Died near Town Alberton County Baltimore MARYLAND

Date 1899 Month Oct Day 28 Age Y. 72 M. 7 D. 23 Native of Ellicott City Md. Occupation ?

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Frances S. Shutts

Father's Name Jesse Gosnell Mother's Name Mary Wood

Cause of Death Primary Hepatic Carcinoma How long sick 12 months

Immediate Asthenia 25 b ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. Wm. B. Gambrill

Address Alberton, Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Mildred Graef

Certificate of Death

Died at Town Bentley Springs County Baltimore MARYLAND

Date 189 9 Month Oct. Day 12 | Age Y. 3 M. – D. 7 | Native of | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Geo. M. Graef

Mother's Name Allie R. McCubbin

Cause of Death: Primary Follicular Tonsillitis — How long sick 3 weeks

Immediate 8 h — Accident, Suicide, Homicide

Reported by Daniel O. Moyer, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5582

William Gray

Certificete of Death

Died at Town: Bay View Asylum (Steam Dept.) County: Baltimore County — MARYLAND

Date 1899 Month: October Day: 1st

Age Y. 25 M. D.

Native of Maryland

Occupation Laborer.

Male / ~~Female~~

~~White~~ / Colored

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~ / ~~Number of children living~~

Husband of

Wife

Fether's Name

Mother's Name 42

Cause of Deeth — Primary: Apoplexy

Immediate: Exhaustion

How long sick 3 days

Accident, Suicide, Homicide

Reported by R. A. Weyerhart M.D.

Address Bay View Asylum.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79B98

Born. Md. 25 yrs.

B.V.A. 7. 4

Name in Full

Certificate of Death

Mildred Alvina Greaf,

Died at Town: Bently Springs County: Balto. MARYLAND

Date 189 9 Month: 10 Day: 1 | Age Y.: 3 M.: 1 D.: | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name: Geo. H. Greaf

Mother's Name: Alvina R. Greaf.

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Towson Union

Address Oct. 14/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Sarah E. Grimm

Certificate of Death

Died at 419 Falls Road, Baltimore (Town, County) MARYLAND

Date 1899 Month October Day 10th Age Y. 72 M. 1 D. 29 Native of Pennsylvania Occupation none

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living two

~~Husband~~ Wife of Jacob B. Grimm

Father's Name George Wertz Mother's Name Catherine Wertz

Cause of Death: Primary Dilatation of Heart 57 — How long sick

Immediate Avasarca — Accident, Suicide, Homicide

Reported by R. B. Norment

Address 291 Chestnut Ave. Balto. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7989B

Attended by Dr. R. B. Normenk

of 291 Chestnut Ave. Balto. Md.

Seen by Coroner ———————

of ———————

Information contained in this certificate received

from above mentioned Doctor & family

of of deceased.

Body shipped from Kaufman Balto. to New Freedom Pa

Name in Full #5670 James E. Haddaway.

Certificate of Death

Died at Town Leakonsville County Balto MARYLAND

Date 1899 Month Oct Day 27 | Age Y. 70 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband of Wife X

Father's Name X

Mother's Name X 46

Cause of Death: Primary Terminal Dementia | How long sick 2 mos

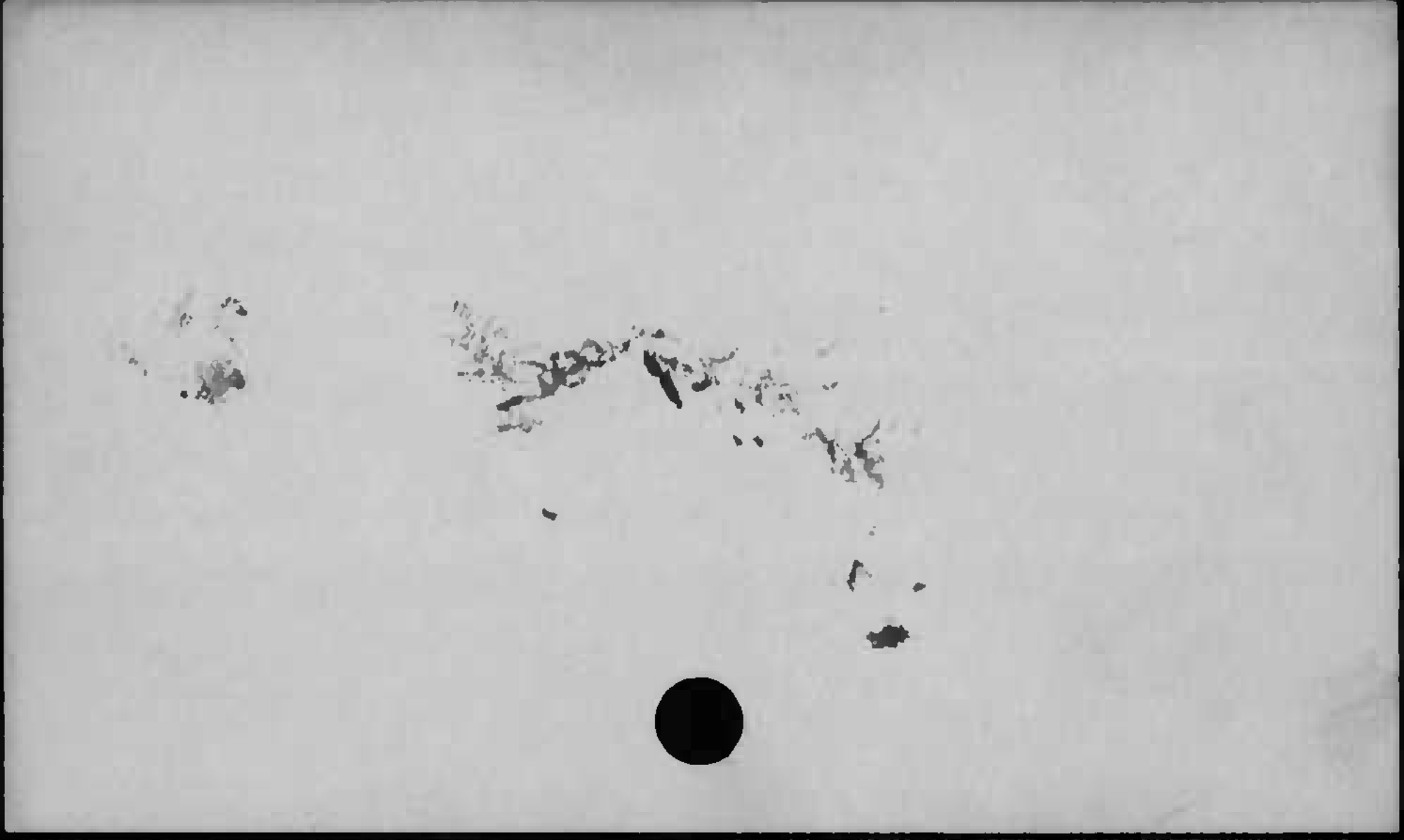
Immediate Asthenia | ~~Accident, Suicide, Homicide~~

Reported by J. Vere Wade.

Address Leakonsville Md Hospital.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full #5656 Certificate of Death

May Hall

Town Towson County Balto

Died at Hospital for Consumptive MARYLAND

Date 1899	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	10	22		25	—	—	Md.	

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

22a

Father's Name — Mother's Name

Cause of Death: Primary Pulmonary Phthisis — How long sick 10 Months

Immediate Exhaustion — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. Royston Green M.D.

Address Towson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Address — "Annie Hall"
33 N. Eden Street Balto.

Name in Full

Certificate of Death

#5596 R. Ed. Hall

Died at Town Bay View County Hospital MARYLAND

Date 189 9 Month 10 Day 5 | Age Y. 23 M. D. | Native of Balo | Occupation Laborer

Male ~~White~~ ~~Married~~ Widow ~~Divorced~~

~~Female~~ Colored Single Widower ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 42

Cause of Death: Primary Transverse Millitis

Immediate Cerebral Apoplexy

How long sick 70 days

Accident, Suicide, Homicide

Reported by J. V. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full

Certificate of Death

Henry Jackson Hamill

Conf. Soldier's Home

Died at Catonsville County Balto MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
8	27	66				

Date 189 9

Male / ~~Female~~ White / ~~Colored~~ Married / Single / Widow / Widower / Divorced

Number of children living

Husband of

Wife

Father's Name

Mother's Name 161

Cause of Death { Primary Complications of diseases

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Balto. Cr. Democrat 9-2,

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Rev. Edward T. Lawrence, rector of St. Mark's Episcopal Church,

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age				

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Neme

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full — Certificate of Death

Joseph Stanislaus Kensler

Died at Town: Roland Park — County: Balto — MARYLAND

Date 189 9 — Month: Oct. — Day: 10 — Age: Y. 67 M. D. — Native of: Md. — Occupation: Atty.

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~

Number of children living 6

Husband of ~~Wife~~ Catherine Inc Lamm

Father's Name: Joseph A. Kensler — Mother's Name: Mary Boker Kensler

Cause of Death — Primary: 42 — How long sick: 4 mos

Immediate: Apoplexy — Accident, Suicide, Homicide

Reported by Md. Journal

Address Oct. 2/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

#5632 James. Stenson

Died at Bay View Asylum (Insane Dept.) Town | Baltimore County County MARYLAND

Date 1899 Month October Day 11th | Age Y. 48 M. — D. — | Native of Maryland | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband ~~Wife~~ of Frances. Stenson, Green Spring Valley. Balto Co -

Father's Name

Mother's Name 71

Cause of Death: Primary Broncho Pneumonia | How long sick 4 mos.

Immediate Exhaustion. | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Harry A. Cutting M.D.

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Maryland

in Balto 10 Years

Name in Full | Certificate of Death

Sarah A. Hicks

Died at Town Ashland County Balti. Co MARYLAND

Date 1899 Month Oct Day 18 | Age Y. 70 M. D. | Native of Maryland | Occupation Housewife

~~Male~~ White Married Widow Divorced

Female Colored ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of James Hicks

Father's Name James A. Tyson | Mother's Name Sarah A. Tyson

Cause of Death: Primary Bronchitis 69 | How long sick six days

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Dr J E Bruce

Address Cockysville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — John G. Hoerl — Certificate of Death

Died at — Town: Catonsville — County: Balto — MARYLAND

Date 1899 — Month: — 10 — Day: 16 — Age: Y. 75 M. D. — Native of: Bavaria — Occupation: Carpenter

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widower / ~~Widow~~ / ~~Divorced~~ — Number of children living

Husband of ~~Wife~~ — Christina Stengle

Father's Name — — Mother's Name —

Cause of Death — Primary: Apoplexy 42 — How long sick: 4 months

Immediate: Coma — Accident, Suicide, Homicide

Reported by — David M. Stultz M.D.

Address — Catonsville Md.

File 1899

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Lydia Hook, Certificate of Death

Town County Balto.

Died at MARYLAND

Date 1899 Month Oct. Day 7 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ of Wife Thos. D. Hook

Father's Name Robt. Wright, Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Towson Union,

Address Oct. 14/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Mary A Irwin

Died at Town: Waverly County: Balt. MARYLAND

Date 189 9 Month: Oct Day: 28 | Age Y.: 59 M.: D.: | Native of: Ireland | Occupation: Domestic

~~Male~~ Female | ~~White~~ ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name: No Relatives

Mother's Name: 45

Cause of Death — Primary: Gen Paresis

Immediate: Insanity

How long sick: 2 yrs.

Accident, Suicide, Homicide

Reported by: Dr John A Evans.

Address: 1718 Perkins Ave. & York Road Arlington Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Orrick, Isaiah

Died at Town Minnesville County Baltimore MARYLAND

Date 189 9 Month 10 Day 24 | Age Y. 80 M. D. | Native of | Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 141

Cause of Death: Primary Old age | How long sick

Immediate Natural causes | Accident, Suicide, Homicide

Reported by John P. James J.P.

Address Mr. Hanover, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Beulah Marion Johnson

Died at Town: Cockeysville County: Balto MARYLAND

Date 1899 Month: Oct Day: 13 | Age Y.: 16 M.: 8 D.: — | Native of: Md | Occupation: Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living One

~~Husband~~ ~~Wife~~ of Wife of Samuel Wesley Johnson

Father's Name: Jacob Cole | Mother's Name: Mary Cole

Cause of Death — Primary: Puerperal Hematoma — How long sick: 120 14 days

Cause of Death — Immediate: Puerperal Peritonitis

Accident, Suicide, Homicide

Reported by Dr B. B. Benson

Address Cockeysville Balto Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Corrina Cole Johnson

Died at Town Cockeysville County Balto MARYLAND

Date 1899 Month Oct Day 28 | Age Y. M. D. .30 | Native of Md | Occupation Infant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Samuel Wesley Johnson

Mother's Name Beulah M Johnson

Cause of Death: Primary Indigestion 82

Immediate Gastro Enteritis

How long sick 3 days

~~Accident, Suicide, Homicide~~

Reported by Dr W. S. Benson

Address Cockeysville Balto Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Benjaman H Jones

Certificate of Death

Died at Town: Chestnut Hill County: Balto MARYLAND

Date 189 9 Month: Oct Day: 14

Age Y. 9 M. 3 D. 14

Native of: Maryland

Occupation: —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name: G H Jones

Mother's Neme: Elizabeth Jones

Cause of Death — Primary: Scarlet fever 6

How long sick: 48 hours

Immediete: Uremia

Accident, Suicide, Homicide

Reported by: James Gore M D,

Address: Reisterstown Md.

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name In Full

Certificate of Death

James Robert Kailer

Died at ~~Town~~ #3 Clipper Height, ~~County~~ Woodberry - Balto MARYLAND

Date 1899 Month Oct. Day 12th Age Y. 18 M. D. 4 Native of Maryland Occupation none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children ~~living~~

~~Husband~~ ~~Wife~~ of

Father's Name Chas. B. Kailer Mother's Name Ellen Kailer

Cause of Death: Primary Typhoid Fever 1 — How long sick 3 weeks

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Dr. Wm. H. Forien

Address 3609 Falls Rd Balto. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Wm. H. Force

of 3609 Foco Road Balto. Md

Seen by Coroner _____

of _____

Information contained in this certificate received

from Dr. Wm. H. Force & Father of deceased

of Woodbourne Balto. Md

Name in Full James, R. Kelley

Certificate of Death

Died at Town Baltimore County MARYLAND

Date 189 Month 9 October Day 16 | Age Y. 24 M. 10 D. | Native of Md | Occupation Machinist

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name James Kelley

Mother's Name Sarah Kelley

Cause of Death: Primary Accident 1520

How long sick 12 days

Immediate Peritonitis

Accident, ~~Suicide, Homicide~~

Reported by Dr. Jno M B Rogers

Address Canton City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 67968

Name in Full

Certificate of Death

Herman Kellum

Died at Town Hullsville County Balto. MARYLAND

Date 1899 Month 10 Day 24 | Age Y. 90 M. 24 D. | Native of Balto Co | Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children~~ living

Husband of Wife X

Father's Name Geo Kellum

Mother's Name Elizabeth Kellum

Cause of Death: Primary Marasmus

Immediate Exhaustion 82

How long sick 10 mo

~~Accident, Suicide, Homicide~~

Reported by T. B. Hall

Address Mt Wilson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Died at Town County MARYLAND

Date 189 Month Day | Age Y. M. D. | Native of | Occupation

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physicien, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU. 79808

Name in Full

Certificate of Death

Town

County

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation

Date 189 Age

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Edward George Leitch

Certificate of Death

Died at Town: Catonsville County: Balto MARYLAND

Date 1899 Month: Oct Day: 14 | Age Y.: 53 M.: D.: | Native of: Md | Occupation: Brick merchant

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | Divorced | Number of children living: 1

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 57 — How long sick: months

Immediate: Heart disease — Accident, Suicide, Homicide

Reported by Catonsville Argus. Oct. 14/99

Address [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full #5690 Francis Lewis

Certificate of Death

Died at Bay View Hospital MARYLAND

Town County

Date 1899 Month 10 Day 31 | Age Y. 4 M. 8 D. | Native of Md | Occupation Laundress

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name

Mother's Name 57

Cause of Death: Primary Aortic Stenosis | How long sick Indefinite

Immediate Anemia Pneumonia | Accident, Suicide, Homicide

Reported by J. H. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Native of Md
Balto 12 yrs

Name in Full | Certificate of Death

Adam Link

Died at Town: Balto Co. County: MARYLAND

Date 189 9 Month: Nov Day: 5 | Age Y. 65 M. D. | Native of: Germany | Occupation: Labrer

~~Male~~ Female | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | Colored | ~~Single~~ | Widower | Number of children living: none

Husband / Wife of: Lizzie Link

Father's Name | Mother's Name

Cause of Death: Primary: Pneumonia 72 | How long sick: 3 weeks

Immediate: no | Accident, Suicide, Homicide

Reported by: John Hewig & Son Undertaker

Address: 200 & Oleans St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full XX 5633

Certificate of Death

Elizabeth Catherine Livezey

Died at Town Catonsville County Baltimore MARYLAND

Date 189 4 Month Oct Day 16 Age Y. 79 M. 8 D. Native of Pa — Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Wife Elias Livezey 42

Father's Name Thomas Elton Mother's Name Rachel Olden

Cause of Death Primary Stroke of Paralysis How long sick 15 months last illness 7 days

Immediate Coma Accident, Suicide, Homicide

Reported by Chas G W Macgill - M.D.

Address Catonsville —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

#5667 Henry Fong

Died at Bay View Hosp Town County Balto MARYLAND

Date 189 9 Month 10-26 Day Age Y. 66 M. D. Native of Ger Occupation Chimney Sweep

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced Number of children living

Husband of Wife Sister Mrs Mary Freudenberg

Father's Name 184 8 Penn Ave City Mother's Name

Cause of Death: Primary Pneumonia Typhoid 7 days How long sick

Immediate Pulmonary Oedema Accident, Suicide, Homicide

Reported by C. V. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Germany.
Baltic. 50 yrs.

Name in Full #5392 Certificate of Death

Harry McCardell

Died at Town Sparrow's Point County Balt. — MARYLAND

Date 1899 Month Aug Day 10" Age Y. 17 M. D. Native of Md. Occupation Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widow~~ ~~Number of children living~~

Husband of Wife

Father's Name Jos. McCardell Mother's Name Kate McCardell

Cause of Death Primary Abcess Ear How long sick 10 days

Immediate Meningitis 5-4 Accident, Suicide, Homicide

Reported by G. Woodward, M.D.

Address Sparrows Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Dr. S. Vierz Mace

Died at Town Rossville County Balto. MARYLAND

Date 1899 Month Oct. Day 14 | Age Y. 89 M. D. | Native of Md | Occupation physician

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband ~~Wife~~ of Clara V. Marsh

Father's Name Dr. Wm. H. Mace

Mother's Name 57

Cause of Death Primary

Immediate Heart disease

How long sick

Accident, Suicide, Homicide

Reported by Dorchester Standard

Address Oct. 21, 1899

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full ~~X~~ 5620 Certificate of Death

Micheline Maciegowski

Died at Town Bay View Hosp County Balto MARYLAND

Date 1899 Month Oct Day 13 | Age Y. 70 M. D. | Native of Poland | Occupation Domestic

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of Aster 915 Fell str US Balto 8 yrs

Father's Name | Mother's Name 126

Cause of Death { Primary Gangrene Senile | Immediate Asthma

How long sick Ad. 10/13/99

Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Poland
Age. 70. yrs.
in. Balto. 8. "

Name in Full: Patrick J. Martin

Certificate of Death

Died at Town: Timonium County: Balto. MARYLAND

Date 189 9 Month: Oct Day: 27 Age Y. 28 M. D. Native of: Md. Occupation: Carpenter

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower Number of children living: 22a

Husband of Wife

Father's Name: Pat. Martin Mother's Name: Mary Martin

Cause of Death: Primary: Pulmonary Tuberculosis How long sick: Don't Know

Immediate: Oedema of lungs Accident, Suicide, Homicide

Reported by: B. F. Bussey

Address: Texas

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full | Certificate of Death

Francis R. Metcalf

Died at ~~Town~~ N. F. Vernon #83 ~~County~~ Brook Hill, Balto., MARYLAND

Date 1899 Month Oct. Day 24th | Age ~~Y.~~ M. 5 D. 28 | Native of Maryland | Occupation none

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

~~Husband~~ of
~~Wife~~

Father's Name Wm. H. Metcalf | Mother's Name Cecilia F. Metcalf

Cause of Death: Primary Bronchitis & Intestinal Catarrh | How long sick 3 weeks

Immediate Eclampsia 69 | ~~Accident, Suicide, Homicide~~

Reported by Dr. Wm. H. Fedderman

Address N. W. Cor 1st & Chestnut Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. Wm H. Feldmeier

of Mt. Vernon Baltimore Md

Seen by Coroner

of

Information contained in this certificate received

from the above mentioned Doctor

of and Parents of child

Name in Full Michael Milholland

Certificate of Death

Died at Town Canton County Balto. MARYLAND

Date 189 9 Month Oct. Day 29th Age Y. 63 M. 0 D. 0 | Native of Ireland | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 84

Cause of Death { Primary Acute colitis | Immediate Asthenia

How long sick

Accident, Suicide, Homicide

Reported by N. J. Sauerfeld

Address Cross O'Donnell St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

5662 Miller

Died at Town Orangeville County Balto MARYLAND

Date 189 9 Month 10 Day 24 Age Y. M. D. Native of Occupation

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Wm Miller Mother's Name Kate Miller

Cause of Death Primary Still-born How long sick

Immediate Accident Suicide Homicide

Reported by A L Warner M D

Address 1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full | Certificate of Death

Lizzie Miller

Died at Town: Towson | County: Balto | MARYLAND

Date 1899 | Month: 10 | Day: 4 | Age Y. M. D.: — 7 | Native of: County | Occupation:

~~Male~~ | ~~White~~ | ~~Married~~ | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of Wife: ~~Jarrett Miller~~

Father's Name: Jarrett Miller | Mother's Name: Emma Miller

Cause of Death: Primary 161 | How long sick: 7 months

Immediate | Accident, Suicide, Homicide

Reported by: Benj Hicks Undertaker

Address: Towson Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Attended by Dr. No one

of

Seen by Coroner

of

Information contained in this certificate received from family

of Tucson Ariz

Name in Full

Certificate of Death

Kate Mistinson

Died at Town Highlandtown County Balto. MARYLAND

Date 189 7 Month Dec. Day 9th Age Y. 1 M. 11 D. 11 Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of ~~children living~~

Husband of Wife

Father's Name

Mother's Name 72

Cause of Death Primary Pneumonia How long sick 7 days

Immediate Accident, Suicide, Homicide

Reported by J. J. Gatley, Md.

Address 111 S. Broadway

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5607

Thomas Misner

Certificate of Death

Died at Mt Hope Refreat Town Balto. County MARYLAND

Date 1899 Month 10 Day 10 | Age Y. abt 3 M. 10 or 45 D. | Native of — | Occupation not known

Male ~~Female~~ | White ~~Colored~~ | Married Single ~~Widow~~ ~~Widower~~ | Divorced | Number of children living

Husband / Wife of Was placed here by Balto Co - We have no

Father's Name information as to residence - age - Residence etc. Mother's Name

Cause of Death: Primary Melancholia 46 — How long sick

Immediate Syncope & Gen. Exhaustion — Accident, Suicide, Homicide

Reported by Frank J. Flannery

Address Mt Hope Refreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Belongs to Balto Co -
as far as we know -
F.J.F.

Name in Full William M. Muhl

Certificate of Death

A1 5627

Westport Balto Co Md.

Town County

Died at 135 Maryland Ave

MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	Oct	14	Age	one	one	—	U.S.	—

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife — — — —

Father's Name Daniel Muhl 135 Md Ave

Mother's Name —

Cause of Death

Primary Dentition 140

Immediate Exhaustion

How long sick 3 months

~~Accident, Suicide, Homicide~~

Reported by Edw Greenfield MD

Address 517 Scott St Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Edw Greenfield

of 517 Lond Ln Balto Md

Seen by Coroner ———

of ———

Information contained in this certificate received

from Daniel Muhl

of Md Ave Westport Balto Co Md

Name in Full

Certificate of Death

Thomas Murray

Town

Died at Texas

County

Balto.

MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
9	Oct	11	53			Ireland	Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 7

Husband / Wife of Mary Murray

Father's Name Thos Murray

Mother's Name Don't Know

Cause of Death — Primary: Tumor of bladder

Immediate: Nephritis

102

How long sick: One year

Accident, Suicide, Homicide

Reported by B. F. Bussey M D.

Address Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79700

Name in Full Irene Newell

Certificate of Death

Died at Town Leatensville County Balto MARYLAND

Date 189 9 Month Oct Day 11 | Age Y. 34 M. D. | Native of Md | Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living X

Husband of Wife X 46

Father's Name X Mother's Name X

Cause of Death Primary Chronic Mania | How long sick 2 hours

Immediate Cerebral Hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by J Percy Wade

Address Md Hospital Leatensville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Mary A. Mills

Certificate of Death

Died at Town Beltsville County Prince Georges MARYLAND

Date 1899 Month Oct Day 17 | Age Y 62 M. D. | Native of Md | Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living X

Husband of X

Wife

Father's Name X

Mother's Name X 46

Cause of Death: Primary Senile Dementia — How long sick 2 weeks

Immediate Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by Miss Wade

Address Hospital Beltsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

5646

Nordorft

Died at Town: Union Abattor County: Baltimore County MARYLAND

Date 1899 Month: October Day: 18th Age Y. 62 M. D. Native of: Germany Occupation: Butcher

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Wife Annie C Nordorft

Father's Name Dont Know Mother's Name Dont Know

Cause of Death: Primary 152a How long sick Sudden

Immediate Accidantal Death Accident, ~~Suicide, Homicide~~

Reported by John P. James coroner OVER

Address Mt Wmans Balto Co Md OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Name in Full Philip Peppler,

Certificate of Death

Died at Town Ruhl P.O. 6th dist. County Balto. Co MARYLAND

Date 1899 Month Oct. Day 4

Age Y. M. D.

Native of

Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary 16 c

Immediate

How long sick

Accident, Suicide, Homicide

Reported by "Towson Union"

Address Oct. 14/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full #5604

Walter Phelps.

Certificate of Death

Died at Town St. Helena County Balto Co MARYLAND

Date 1899. Month Oct Day 9a | Age Y. 21 M. months D. | Native of St. Helena | Occupation none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 82

Immediate Marasmus

How long sick 3 months

Accident, Suicide, Homicide

Reported by J J Gross M.D.

Address 1435 Aleans St. Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. S. S. Gross

of Baltimore

Seen by Coroner .....

of .....

Information contained in this certificate received

from S. S. Gross M.D.

of Baltimore

Name in Full ** 5592 Certificate of Death

Aseph Poulson

Died at Town Catonsville, County Balto. MARYLAND

Date 1899 Month Day Oct. 5th Age Y. 65. M. D. Native of American Occupation ——

Male ✓ White ✓ ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single ✓ Widower Number of children living ——

Husband of Wife ——

Father's Name —— Mother's Name ——

46

Cause of Death: Primary Epileptic Insanity

Immediate Exhaustion

How long sick One month

~~Accident, Suicide, Homicide~~

Reported by R. F. Gundry MD per J. Cloggins MD

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Josephine A. Price

Certificate of Death

Town Govanstown County Baltimore

Died at MARYLAND

Date 189 9 Month Oct. Day 17 | Age Y. 62 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced

Number of children living 3

Husband of Wife

Father's Name

Mother's Name 72

Cause of Death: Primary Pneumonitic Double | How long sick 2 days

Immediate | Accident, Suicide, Homicide

Reported by John Barron, M.D.

Address Govanstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Charlotte Viola Rest-

Died at — Town: Oella — County: Balto — MARYLAND

Date 1899 — Month: Oct. — Day: 15 — Age: Y. — M. 1 — D. 3 — Native of: U.S.A. — Occupation: —

Male — White: Yes — Married: — — Widow: — — Divorced: —

Female: Female — Colored: — — Single: Yes — Widower: — — Number of children living: —

Husband / Wife of: none —

Father's Name: John A Rest- — Mother's Name: Mary M Rest-

Cause of Death — Primary: Weakness from birth — How long sick: 1 mo 3 days

Immediate — Accident, Suicide, Homicide

Reported by: Stephen Hellinger

Address: Undertaker Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

#5625 Fritz Rinne

Died at Town Bay View Asylum (Insane dept.) County Baltimore County MARYLAND

Date 1899 Month October Day 15. | Age Y. 34 M. — D. — | Native of Germany | Occupation Driver

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband ~~Wife~~ of Lena Rinne 2125 Mary Anna St -

Father's Name

Mother's Name 22a

Cause of Death: Primary Tuberculosis Pulmonary | How long sick 20 wks here

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by R. A. Urquhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Germany

in Balto 32 Years -

Name in Full

Certificate of Death

#5674 Mary Rush

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 10 Day 28 | Age Y. 40 M. D. | Native of Balto | Occupation Fruit Packer

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death: Primary Pulmonary Phthisis | How long sick Indefinite

Immediate Asthenia | Accident, Suicide, Homicide

Reported by J M Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full #5702

Ottilia Schlaffer

Certificate of Death

Died at Highlandtown Town, Baltimore County, MARYLAND

Date 189 9 Month 10 Day 6

Age Y. 1 M. — D. 3

Native of Md

Occupation Nurse

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

~~Number of children living~~

Husband of Wife

Father's Name Charles Schlaffer

Mother's Name Magdalen Schlaffer

Cause of Death: Primary Pneumonia 7½ How long sick about one week

Immediate Paralysis of Heart.

~~Accident, Suicide, Homicide~~

Reported by J. C. Schaffer

Address 1114. 1st Ave. Highlandtown.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79648

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #5601 Lydia Schley

Certificate of Death

Died at Bay View Hospital, Town, County, MARYLAND

Date 1899 Month 9 Day 7 | Age Y. 78 M. D. | Native of Balto. | Occupation Domestic

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name 97

Cause of Death: Primary — Chronic Nephritis

Immediate — Apoplexy

How long sick — Died Suddenly

Accident, Suicide, Homicide

Reported by E. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

John T Schmidt

Died at Town Towson County Baltimore MARYLAND

Date 1899 Month Oct Day 30 | Age Y. M. D. | Native of Balto Co Md | Occupation Black Smith

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living One

Husband ~~Wife~~ of Margaret Schmidt

Father's Name John Schmidt

Mother's Name Regina Schmidt

Cause of Death: Primary Phthisis 22a

Immediate "

How long sick ~~Two~~ years 9 months

~~Accident, Suicide, Homicide~~

Reported by D H Sarrett

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5617 Certificate of Death

Margaret Schrader

Died at Town Bay View County Hospital MARYLAND

Date 189 9 Month 10 Day 13 | Age Y. 64 M. D. | Native of Germany | Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of ~~children living~~

Husband of Wife

Father's Name

Mother's Name 97

Cause of Death { Primary Chronic Nephritis | How long sick

Immediate Dysentery | Accident, Suicide, Homicide

Reported by J. N. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native Germany.
m. / Balto. 35 yrs.

Name In Full Gerard Schultz

Certificate of Death

Died at Town Near Butler County Baltimore MARYLAND

Date 189 Month Oct Day 1st | Age Y. 54 M. 3 D. 12 | Native of Germany | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of Baaldon

Father's Name Not Known | Mother's Name Not Known

Cause of Death | Primary Cholera Morbus 12a | How long sick 24 hours

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by J. G. Drach MD

Address Butler Balt Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 76898

Name in Full *5682 Certificate of Death

James Sesula

Died at Town Bay View Asylum (Insane Dept.) County Baltimore County MARYLAND

Date 1899 Month October Day 31st | Age Y. 63 M. — D. | Native of Bohemia | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 22e

Cause of Death: Primary Spinal tuberculosis — How long sick: Entire several months

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by R. A. Urynhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Native of Bohemia

in Balto 9 Years

Name In Full Joanna Christianna Shell Certificate of Death Shell

Town Balt County

Died at Pikesville, MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 189 2	Oct	23	Age	54	3	16	Germany	Home Wife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | Widower | ~~Divorced~~ | ~~Number of children living~~ none

~~Husband~~ Wife of August Shell,

Father's Name August Friedrich — Mother's Name Johanna Christianna

Cause of Death: Primary Cancer of Uterus — How long sick 9 months

Immediate 25 g — ~~Accident, Suicide, Homicide~~

Reported by John Burns & Sons.

Address Towson Balto Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. John Hopkins Hosp

of ab. of Balto City

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #5671 Marian Belle Sinclair

Certificate of Death

Died at Town Govanstown County Baltimore MARYLAND

Date 1899 Month October Day 27

Age ~~Y.~~ 7 weeks ~~M.~~ ~~D.~~

Native of Maryland

Occupation none

~~Male~~ Female

~~White~~ ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living One

Husband of

Wife

Father's Name William W. Sinclair

Mother's Name Mary Belle Sinclair

Cause of Death: Primary Convulsions 39a

Immediate Convulsions

How long sick 5 days

Accident, Suicide, Homicide

Reported by Dr. W. B. Hart

Address 816 Jefferson Ave Baltimore City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Emaline Smith

Certificate of Death

Died at Town Alms House County Balto. Co. MARYLAND

Date 1899 Month 10 Day 7 | Age Y. 57 M. D. | Native of | Occupation

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Epilepsy

Immediate

How long sick

Accident, Suicide, Homicide

Reported by J. C. Bussey

Address Lexas Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5658

Certificate of Death

Louis B. Smith. Smith

Died at West Port (Town) County Balto MARYLAND

Date 1899. Month 10 Day 24 | Age Y. 23. M. D. | Native of Balto | Occupation Clerk.

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife Mary Smith.

Father's Name John Smith

Mother's Name Clara Smith.

Cause of Death: Primary Typhoid Liver. / Immediate Peritonitis

How long sick

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by T M Lumpkin

Address 602 S Paca St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Thomas Albee Smith

Certificate of Death

Died at Town Roland Park County Baltimore MARYLAND

Date 189 9 Month Oct. Day 24 | Age Y. 58+ M. D. | Native of New York | Occupation Manufatur

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widower~~ | ~~Widow~~ ~~Divorced~~

Number of children living 4

~~Name~~ ~~Alias~~ of Mary M. McElhaney

Father's Name Oliver Smith | Mother's Name L. Albee

Cause of Death — Primary: Mitral Stenosis 57 | How long sick: about 7 mo.

Immediate: Fail. Anasarca & Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by L. Gibbons Frank M.D.

Address 414 Fryer ave Roland Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79788

Name in Full #5587 Edith M. Snook

Certificate of Death

Died at Town Highlandtown County Baltimore MARYLAND

Date 1899 Month Oct Day 2 | Age Y. M. D. 40 yrs | Native of Maryland | Occupation Housewife

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

~~Husband~~ Wife of George Snook 145d

Father's Name

Mother's Name

Cause of Death: Primary Accident (Fell from car) How long sick —

Immediate Accident Accident, Suicide, Homicide

Reported by John G. Richardson Coroner

Address Highlandtown Balto Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. A. Solomon Warner

of Highlandtown

Seen by Coroner John H. Richardson

of Balto County.

Information contained in this certificate received

from

of

Name in Full | Certificate of Death

Lizzie S. Snyder

Town | County

Died at 3601 Falls Road Baltimore MARYLAND

Date 1899	Month Oct.	Day 3rd	Age Y. 66 M. 6 D.	Native of Maryland	Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name William C. Snyder

Mother's Name Elizabeth Snyder

Cause of Death: Primary Consumption | How long sick 3 months

Immediate Phthisis | Accident, Suicide, Homicide

22a

Reported by Dr. R. B. Norment

Address 391 Chestnut Ave. Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. R. B. Norment

of 291 Chestnut Ave Balto Md

Seen by Coroner

of

Information contained in this certificate received

from above mentioned Doctor

of and family of deceased

Name in Full

Viola Spealman

Certificate of Death

Town: Sparrows Point

County: Baltimore

MARYLAND

Died at

Date 189 9 | Month: Oct. | Day: 2d | Age: 5 | Y. M. D. | Native of: Maryland | Occupation: School Girl

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband / Wife of

Father's Name: Chas. A Spealman

Mother's Name: Mary Spealman

Cause of Death — Primary: Diphtheria & a — How long sick: 2 weeks

Immediate: Exhaustion — 2/ Cardiac weakness

~~Accident, Suicide, Homicide~~

Reported by: G. O. McCormick M.D.

Address: Sparrows Point Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full #5655

Mary A. Stuart

Certificate of Death

Died at Town Towson County Balto. MARYLAND

Hospital for Consumptive

Date 189 9 Month Oct. Day 21 | Age Y. 44 M. — D. — | Native of Md. | Occupation Domestic

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of —

Wife

Father's Name —

Mother's Name 22a

Cause of Death: Primary Pulmonary Phthisis

Immediate Emaciation

How long sick 5 years

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. Boyston Brown M. D.

Address Towson Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Address - Patient sister 21 East
Montgomery St.
Geo. Stewart - Address - 207 S.
Gilmore St. Balto. Md.

Name in Full #5591 Certificate of Death

Mary A Stiteler

Died at Town West Arlington ~~County~~ Baltimore City MARYLAND

Date 1899 Month October Day 4 | Age Y. 89 M. – D. – | Native of Baltimore | Occupation ——

~~Male~~ White ~~Married~~ Widow ~~Deceased~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living none

~~Husband~~ ~~Wife~~ Widow of Charles Stiteler

Father's Name dont know Mother's Name dont know

Cause of Death { Primary Senile Pneumonia & | How long sick 10 days

Immediate General Exaustion 72 | Accident, Suicide, Homicide

Reported by E Gordon Valk M D

Address West Arlington Baltimore City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. E Gordon Vall

of W. Arlington

Seen by Coroner

of

Information contained in this certificate received

from W H. O. Billmire

of W. Arlington Balto co

Cw Penhurst and
Granada Ave

Name in Full *5602 Certificate of Death

Frank Stith

Died at Town Bay View Asylum County Balto- MARYLAND

Date 189 9 Month Oct Day 7 | Age Y. 66 M. – D. | Native of Balto | Occupation pedlar

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of ~~Friend Chas B Turman 11 E Tex st~~

Father's Name Mother's Name 77

Cause of Death { Primary Fibroid Phthisis | How long sick 8 days

Immediate Pulmonary oedema | Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full #5683 Certificate of Death

Wm Sullivan

Died at Town Bay View County Hospital MARYLAND

Date 189 9 Month 10 Day 31 | Age Y. 55 M. D. | Native of Ireland | Occupation Labner

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widow~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife 22 a

Father's Name Mother's Name

Cause of Death: Primary Pulmonary Phthisis | How long sick Indefinite

Immediate Asthenia | Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native Ireland
in Balto. 32 yrs.

No. 72

Name A. J. Schumann

Cause of Death Organic Heart Disease

Date of Death Oct 16th 1899

Place of Death, No. 139, Cadiz Street.

Color or Race White

Sex Male

Occupation Traveling Salesman

Place of Birth Virginia

Time in this City 15 Years

Age 58 year, — month, — day,

Condition: Single ..... Married ..... Widow ~

Resident 1 Non-Resident .....

Remarks: .....

DALLAS, TEXAS, Oct 17 1899

I Certify that I attended the person above named, who died of the disease stated, on the day named.

H. L. Hall M. D.

☞Physicians are reminded of the importance of filling out these Certificates with accuracy. They are the basis of the Mortuary Statistics of this City. Unless complied with arrest will be ordered in each and every instance, as provided in Articles 259 and 264 of an "Ordinance Regulating the Burial of the Dead," approved January 26, 1889. See Revised Code of Ordinances, pages 84 and 85.

...PRESIDENT.

M. K. BURCH, SECRETARY.

Telephone No. 1280.

German-American

IRE INSURANCE COMPANY

OF BALTIMORE CITY.

E. Cor. Baltimore St. & Post Office Ave.

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MARTIN KESMODEL, Vice-President.

DIRECTORS.

RTIN KESMODEL, CHRIS. ROSENDALE,
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RTIN MEYERDIRCK, JOHN G. HERTEL,
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W. H. GEIGER, GEO. J. THALER.

HERMAN KNOLLENBERG, Secretary.

HANOVER

RE INSURANCE CO.

OF NEW YORK.

OF THE

Scottish Union and National Ins. Co.

Established 1824.

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3 King William St., E. C., London.

UNITED STATES TRUSTEES:

Alexander Taylor, Esq., N. Y.
John R. Redfield, Esq., Hartford.
Hon. Henry C. Robinson, Hartford.

Subscribed Capital $21,757,000
Paid up in Cash 1,412,855
Total Assets 33,041,045

M. BENNETT, Jr., Manager,
HARTFORD, CONN.

LUCKETT & WORTHINGTON, Agts., Baltimore.

NORTHERN ASSURANCE COMPANY

OF LONDON, ENGLAND.

Eastern and Southern Departments,

38 PINE ST., NEW YORK.

GEORGE W. BABB, Manager.
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50 YEARS' EXPERIENCE

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Jno. R. Redfield, Esq.

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JAS. H. BREWSTER, Ass't Manager.

HARTFORD, CONN.

THOS. E. BOND, Agent,
BALTIMORE, MD.

Phœnix Assurance Company

OF LONDON,

Established 1782.

Head Office in the United States,
67 WALL ST., NEW YORK.

A. D. IRVING, Manager. E. B. CLARK, Ass't Manager.
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Luckett & Worthington, Agents, 9 South Holliday Street.
Birckhead & Son, Agents, 108 Second Street.

INCORPORATED 1799.

Name In Full # 5666

Certificate of Death

Chas. W. Tippett

Died at Bay View (Town) Hospital (County) MARYLAND

Date 189 9 Month 10 Day 2 | Age Y. 69 M. D. | Native of Md. | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name

Mother's Name 100

Cause of Death: Primary Pielo Nephritis

Immediate Pulmonar Oedema

How long sick Indefinite

Accident, Suicide, Homicide

Reported by Dr. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Native of Md.

Balto. 12. yrs.

Name in Full

Mary Tompkins

Certificate of Death

Died at Town: Turners Sta. County: Baltimore MARYLAND

Date 189 9 Month: Oct Day: 18 | Age Y. 5 M. — D. — | Native of Md. | Occupation School girl

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of 19

Father's Name Oliver Tompkins | Mother's Name Olivia Tompkins

Cause of Death: Primary Supposed Malaria. | How long sick 4 days

Immediate " Congestive chill } over

Accident, Suicide, Homicide

Reported by G. C. McCormick M.D.

Address Sparrows Point. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

I did not see child until about an hour after death; based diagnosis on history of case given by an Aunt of the deceased

G.C.McC

Name in Full Elizabeth Tully

Certificate of Death

Town County

Died at 100 Canton Ave. ept Baltimore MARYLAND

Date 189 9 Oct 20th Month Day Age Y. 1 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by E. D. Janney M.D.

Address 304 Bank St. E.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

#5621 John Tyson

Died at Town Bay View Asylum (Insane Dept.) County Baltimore County MARYLAND

Date 1899 Month October Day 13th | Age Y. 54 M. — D. | Native of Baltimore | Occupation Coachman

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Presenile Dementia 46 | How long sick 3 or 4 weeks

Immediate exhaustion | Accident, Suicide, Homicide

Reported by

Address R. A. Urquhart M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Bay View Asylum

LIBRARY BUREAU. 79898

Name in Full # 5603 Certificate of Death

Louisa Wall

Died at Town Bay View Asylum (Insane dept.) County Baltimore County MARYLAND

Date 1899 Month October Day 7th | Age Y. 48 M. — D. — | Native of Maryland | Occupation Domestic

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Wife Levin T. Wall 216 N. Montford Ave Balt.

Father's Name Mother's Name

Cause of Death: Primary Syphilis 24 | How long sick several months

Immediate exhaustion | Accident, Suicide, Homicide

Reported by R. A. Urynhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Maryland

in Balto 21 Years

Name In Full

Certificate of Death

Doris L. Walters

Died at Town Walters County Bucks MARYLAND

Date 1899 Month Oct Day 25 Age Y. 73 M. 7 D. 12 Native of Germany Occupation Housework

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife Geo Walters

Father's Name Unknown Mother's Name Unknown

Cause of Death Primary Brights Disease 97 How long sick 18 mos

Immediate ~~Accident, Suicide, Homicide~~

Reported by John W Harrison M.D.

Address Middle Rivers Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full John W Waters

Certificate of Death

Died at Town Govanstown County Balto MARYLAND

Date 1899 Month Oct Day 8th Age Y. 30 M. " D. " Native of Md Occupation Labour

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name Richard

Mother's Name 22a

Cause of Death Primary Consumption

Immediate

How long sick 1 year

~~Accident, Suicide, Homicide~~

Reported by John A Burns & Sons

Address Towson Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Attended by Dr. Francis

of Govanstown

Seen by Coroner ———

of ———

Information contained in this certificate received

from Mrs Francis

of Govanstown

Name in Full ** 56444

Certificate of Death

Jno. B. Wheeler

Died at Town Ristertown County Baltimore MARYLAND

Date 189 Month Oct Day 19 | Age Y. 25 M. D. | Native of Baltimore | Occupation Merchant

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

Husband of Wife Unmarried

Father's Name Joseph R Wheeler | Mother's Name Julia B. Wheeler

Cause of Death: Primary Pulmonary Tuberculosis | How long sick 2 yrs

Immediate 22a

Accident, Suicide, Homicide

Reported by H. M. Slade

Address Ristertown md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full #6599 George Whiteford

Certificate of Death

Died at Bay View Hospital Town Baltimore County MARYLAND

Date 1899 Month 10 Day 4 | Age Y. 85 M. D. | Native of Penna | Occupation Silver Smith

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower | Div~~orced~~ | Number of children living ~~dead~~

Husband of

Wife

Father's Name

Mother's Name 97

Cause of Death: Primary — Arterio Sclerosis Chronic Interstitial Nephritis

Immediate — Diarrhoea

How long sick

Accident, Suicide, Homicide

Reported by P. J. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Born Pa. 85 yrs.
" Balto. 79. "

1234.] Superior

No. A

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore,

Permit No. A 5612 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Henrietta Meist

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Fred. Md.

Duration of Residence in the ~~City of Baltimore~~, Mt Washington Md 2 yrs

Place of Death, {Give Street and Number.} Mt Washington Md.

Cause of Death, First (Primary), Cancer Breast

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 yrs

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 13th 1899

Undertaker, Geo J Smith

Place of Business, 446 W Fayette St

Bartus Trew M.D.,
Medical Attendant.

Address, 815 N Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

The Following [illegible] the Causes Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full # 5612 5612 Certificate of Death

Henrietta Wiest

Dled at Town Mt Washington County Balto MARYLAND

Date 189 9 Month Oct Day 10 | Age Y. 77 M. D. | Native of Maryland | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Jacob Wiest Mother's Name Susanna Wiest

Cause of Death Primary Cancer of Brest. Exhaustion How long sick 5 yrs

Immediate 25e Accident, Suicide, Homicide

Reported by Geo. J. Smith

Address 946 W Fayette st Balto Md

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or ministar. G. J. Smith

LIBRARY BUREAU, 79898

Attended by Dr. Bartus Trew

of Baltimore. 315 N. Paca st

Seen by Coroner .....

of .....

Information contained in this certificate received

from William B Watts

of 116 N Washington

Place of Burning

215 N Calvert st

Name in Full *5675 Certificate of Death

David Wilson

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 10 Day 26 | Age Y. 22 M. D. | Native of Va | Occupation Lab.

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number ~~of children~~ living

Husband of Wife

Father's Name Mother's Name 22f

Cause of Death: Primary Acute Milliary Tuberculosis. Indef. How long sick

Immediate Femural Phlebitis. Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU. 79898

Native of Va

in Balto. about 20 Mo

Name in Full — Certificate of Death

Fannie L. Wilson

Died at — Town: Shane — County: Baltimore — MARYLAND

Date 1899 — Month: Oct. — Day: 21 — Age: Y. 36 M. 8 D. 19 — Native of: Maryland — Occupation: Housewife

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: three

Husband ~~Wife~~ of: Nelson Wilson

Father's Name: Madison Slade — Mother's Name: Ellen Sytle

Cause of Death — Primary: Abortion (criminal) — How long sick: nine days

Immediate: Septicaemia puerperal — ~~Accident, Suicide,~~ Homicide

Reported by: W M Stirling attending Phys. E. W. Heyle, Consulting Physician, Parkton

Address: Shane

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Thomas C. Wilson

Certificate of Death

Died at Town Parkton County Balto MARYLAND

Date 189 Month Oct Day

Age Y. 71 M. 5 D. 9

Native of Md

Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living 11

Husband of Wife Susan Giesey

Father's Name Thomas Wilson

Mother's Name dont know

Cause of Death: Primary Typhoid Fever — How long sick 3 weeks

Immediate Broncho Pneumonia — Accident, Suicide, Homicide

Reported by W W Norris

Address Parkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70995

Name in Full #5648

Certificate of Death

William J. Wunder

Died at Town: Mt Hope Retreat County: Balto Co MARYLAND

Date 1899 Month: 10 Day: 19	Age Y.: 42 M.: — D.: —	Native of: Baltimore	Occupation: Clerk

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
~~Wife~~

Father's Name

Mother's Name 46

Cause of Death — Primary: Mania Chronic — How long sick: 9 years

Immediate: Ex from Albuminuria x Endocarditis — Accident, Suicide, Homicide

Reported by Frank J. Flannery MD

Address Mt Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Belongs to Baltimore City